

IN THE UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI

CARL H. AMBURN JR. )  
(full name) Plaintiff ) 15-3288-CV-S-BCW-PL  
v. ) Case No. \_\_\_\_\_  
PAM TRIPP )  
(full name) Defendant(s) ) Defendant/Defendant(s) are sued in  
their (check one)  
\_\_\_\_ Individual Capacity  
\_\_\_\_ Official Capacity  
 Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff Texas County  
Justice Center, Houston, Missouri

II. Parties to this civil action:

Please give your commitment name and any other name(s) you have used while incarcerated. CARL H. AMBURN JR.

A. Plaintiff CARL H. AMBURN JR.

Plaintiffs address 261 KELLY ROAD RAYMONDVILLE, MO 65555

B. Defendant/Defendant(s) PAM TRIPP

ACTING UNDER COLOR OF STATE LAW

Is employed as JAILER / JAIL SUPERVISOR

For additional plaintiffs or defendants, provide above information in same format on a separate page, and attach to this Complaint.

1.

I'M SUING PAM TRIPP IN HER INDIVIDUAL & OFFICIAL CAPACITY

III. Do your claims involve medical treatment? Yes  No \_\_\_\_\_

IV. Do you request a jury trial? Yes  No \_\_\_\_\_

V. Do you request money damages? Yes  No \_\_\_\_\_

State the amount claimed? \$ 500,000 / 500,000 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes  No \_\_\_\_\_

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes  No \_\_\_\_\_

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes \_\_\_\_\_ No

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

Pam Tripp, jailer, failed to file my grievance's so none of them was ever filed

D. If you have not filed a grievance, state the reasons.

Pam Tripp, Jailer would not file them for me

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes \_\_\_\_\_ No

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes \_\_\_\_\_ No

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: _____	N/A
	(Plaintiff) (Defendant)
(2) Date filed: _____	N/A

(3) Court where filed: \_\_\_\_\_ N/A

(4) Case Number and citation: \_\_\_\_\_ N/A

(5) Basic claim made: \_\_\_\_\_ N/A

(6) Date of disposition: \_\_\_\_\_ N/A

(7) Disposition: \_\_\_\_\_ N/A  
(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: \_\_\_\_\_ N/A  
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

VIOLATED 8<sup>TH</sup> AMENDMENT BY CRUEL & UNUSUAL PUNISHMENT.  
PAM TRIPP ALLOWING ME TO SUFFER WITH MEDICAL CONDITION.

VIOLATED 14<sup>TH</sup> AMENDMENT DUE PROCESS BY FAILING  
TO FILE GRIEVANCES

- B. State briefly your legal theory or cite appropriate authority:

MY UNITED STATES CONSTITUTIONAL AMENDMENT RIGHTS  
WERE VIOLATED WHICH PUTS PAM TRIPP IN VIOLATION  
OF THIS 14<sup>TH</sup> CONSTITUTIONAL AMENDMENT RIGHTS BY FAILING  
TO ALLOW MY DUE PROCESS RIGHTS WHEN SHE NEGLECTED  
TO FILE OR ACKNOWLEDGE MY GRIEVANCES AND MY 8<sup>TH</sup>  
BY ALLOWING ME TO SUFFER WITH A MEDICAL CONDITION BY  
NOT BRINGING THIS TO A MEDICAL DOCTORS ATTENTION.

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

ORDER, DEMAND, COMPEL PAM TRIPP TO GIVE ME MEDICAL ASSISTANCE NEEDED IN THIS GRAVE MEDICAL SITUATION

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. Neldon Neal-( Jailhouse Lawyer )

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes        No  X  

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

N/A

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes        No  X  

If your answer is "Yes," state the name and address of the lawyer.

N/A

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed (signed) this 16<sup>th</sup> day of JUNE 2015

Carl H Amerson

Signature(s) of Plaintiff(s)

I CARL AMBURN WAS OVER MEDICATED AT TEXAS COUNTY JAIL WITH THE DRUG QUETIAPINE 1600 mg. A DAY TO 2000 mg. A DAY WELL OVER THE AMOUNT OF WHAT IS A DAILY DOSE OF ANYONE MY SIZE. DOSE ABOVE 700 mg. DAILY HAVE NEVER BEEN STUDIED THEN THEY SUDDENLY STOP ME FROM TAKING IT WITHOUT TALKING TO DOCTOR. WHEN IT RECOMMENDED NOT TO SUDDENLY STOP TAKING QUETIAPINE WITHOUT FIRST TALKING WITH DOCTOR YOU MAY HAVE AN INCREASED RISK OF SIDE EFFECTS. IF YOU NEED TO STOP QUETIAPINE YOUR DOCTOR WILL GRADUALLY LOWER YOUR DOSE. THIS WAS NOT DONE AT ALL. I WAS HAVING COGN PROBLEM AS WELL AT THIS TIME THIS WAS ALL HAPPENING. I FILLED OUT NUMERUS GRIEVANCES AND REQUEST AND MEDICAL REQUEST FORMS. FINALLY ON THE 26<sup>th</sup> OF MAY I GOT 3 GRIEVES BACK FROM THE 7<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup>. THE FIRST 2 GRIEVENCES WAS EVEN SIGNED OR DATED. JUST SEE "ATTACHED PAGE" WHICH WAS THE 12<sup>th</sup> OF MAY. IT WAS FINALLY ANSWERED 12 DAYS AFTER FILED THE FIRST ONE. WITH TWO LIES. ONE WAS ANSWERED THAT THE NURSE TOLD MY BLOOD PRESSURE WAS PERFECTLY FINE FOR SOMONE MY AGE AND WEIGHT. MY BLOOD PRESSURE WAS LOGED IN VERY HIGH ON THE 21 OF MAY 6:00AM BY JAILER TON. NOT NORMAL AT ALL. THEN THE SECOND LIE WAS THAT I WOULD SEE THE DOCTOR ON THE 26<sup>th</sup> SAME DAY. PAM TRIPP FINALLY REPLIED TO MAYBE 5% OF WHAT IVE FILLED OUT AND SENTIN. I FINALLY GOT TO SEE DOCTOR ON JUNE 3/2015. AND I ASK HE DOCTOR TO LET ME HAVE MY MEDICAL RECORDS? PLEASE AND THAT I WAS HAVING REALLY BAD SIDE EFFECTS FROM THIS DRUG I WAS ON. WELL HE SAID HE HAD NO PROBLEM GIVEN ME MY MEDICAL RECORDS. BUT PAM TRIPP WOULD HAVE TO MAKE COPIES FOR ME. SO I GO OUT OF MEDICAL ROOM TO BOOKING ASKED PAM TRIPP IF SHE COULD GET ME COPIES OF ALL OF MY MEDICAL RECORDS. SHE STATES SHE DIDNT HAVE TIME IN FRONT OF INMATES. I HAVE ALL STATEMENTS FOR THAT I ALSO ASK JAILER MARK IF HE COULD DO THAT FOR ME HE LOOKED AT PAM TRIPP AND SAID HE COULDNT DO IT. THEN PAM TRIPP SAID SHE WASNT ALLOWED TO MAKE COPIES OF MEDICAL RECORDS ANYMORE.

OF MY GREIVENCE AND REQUEST, AND MEDICAL RECORDS ONE OF THE JAILER BUT  
THE N PAMTRIPP OFFICE NEVER GOT FILLED OR MADE IT TO COURTS ADOBE. THEN  
THE 2nd MOTION BULLIFF BROWN WAS GAUE TO TAKE TO COURTS. NEVER HEARD ANYTHING  
ASK WHAT HE DID WITH IT HE SAID HE GAVE IT TO JAILER. NEVER BEEN  
GIVEN. LOST AT PAMTRIPPS DESK AGAIN. THE JAILER WONT USE AND MS BROWN  
WONT EITHER. I CANT GET MY GREVENCES COPY BACK AT ALL FROM PAMTRIPP. MY  
FAMILY HAS CAGED UP AT THE JAIL AND ASK 5 DIFFERENT JAILERS INCLUDING  
PAMTRIPP TO SEND OUT WHAT MEDECINE I WAS TAKING AND NOW DE  
WHAT COULD TELL MY FAMILY JUST EXACTLY WHAT THAY WAS GIVING ME.  
AT ALL. ONE EVEN SAID IT WASNT HIS JOB. THIS IS WHAT IVE DEALT WITH.  
TODAY ON THE 17 OF JUNE. I WENT TO SEE THE NURSE. FOR ALL THE SIDE  
EFFECTS THAT I HAVE HAD AFTER 5 MEDICAL REQUEST THAT IVE PUT  
IN. FOR ALL THIS MATTER. WHILE WAITN PAMTRIPP COME TO THE BENCH TO  
ALK TO ME ABOUT MY GREIVENCES. THAT I WRATE HER. SHE SHO THAT SHE  
HAD TO PUSH TO ANSWER THE GREVENCES THAT I FILLED. SHE TOLD ME THAT  
HE COULD THROW HIM AWAY. SHE SHOWED ME A STACK OF GREIVENCES FROM  
INMATES ABOUT AN INCH THICK. I TOLD THAT IVE HAD MEDICAL PROBLEMS. I  
JUST NEED TO SEE THE DOCTOR. AND I NEED COPY OF MY INMATE ACCOUNT. FOR.....  
AT LEAST 2 WEEKS NOW. IF YOU WAS TO GET THE CAMRA. RECORDING OF BOOKING  
AREA AT TEXAS COUNTY JAIL 200 PM TO 300 PM JUNE 17. IF YOU COULD SEIZE  
HAT CAMRA RECORDING JT 200 & 300 pm BOOKING ON THE BENCH You COULD WITNESS  
YOURSELF. JUST HOW PAMTRIPP TOLD ME. SHE WOULD THROW MY GREIVENCES  
INTO THE TRASH. PLEASE HAVE THIS SEIZED BEFORE THE FILM IS GONE  
IT PROVES MY WHOLE PAINT. PLEASE HELP ME WITH A ATTORNEY IN THIS MATTER

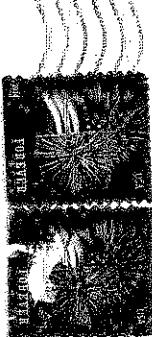
THANK YALL

RECEIVED

JULY 22 PM '67

CLERK, U.S. DIST. COURT  
WEST. DIST. OF MO.  
KANSAS CITY, MO

TEXAS COUNTY JAIL



SPRINGFIELD, MO., JULY 22,

1967, U.S. POSTAGE PAID

TEXAS COUNTY JAIL  
400 E 9th STREET  
KODIAK, ALASKA, U.S.A.